

EXHIBIT 1

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 471-2020-02716	
MICHIGAN DEPARTMENT OF CIVIL RIGHTS and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MS. XUAN LU		Home Phone (248) 759-7369	Year of Birth
Street Address City, State and ZIP Code 2372 MILLBROOK CT, ROCHESTER HLS, MI 48306			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name SAP SE/SAP CHINA/SAP AMERICA		No. Employees, Members 501+	Phone No. (650) 845-5789
Street Address City, State and ZIP Code 3999 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input checked="" type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 03-01-2018 11-15-2019 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I began working for the above-named employer on or about March 2, 2015, as a Global Legal Compliance Officer. I am a person with a medical condition. Since March 2019 and as recently as November 2019, I have requested reasonable accommodation, due to my disability, to my supervisor; APJ Regional Compliance Officer, to no avail. The APJ Regional Compliance Officer stated she would not make any changes to meeting times that were in my US midnight nor record the meeting for my review later regardless of my request for reasonable accommodation due to my medical condition. I was told that she preferred to favor East Indian employees work hours. I continued to request adjustments to meeting hours to no avail. In March 2019, I was subjected to reduced bonuses in retaliation for making the continued requests to have meeting times adjusted due to my medical condition and also due to my US work location. In April 2019, I complained to my supervisor's Manager of the treatment I was receiving and the denied reasonable accommodation request by my supervisor. I did not receive a response to my complaint. In Oct., 2019 I further complained to global HR compliance. However on November 19, 2019 I was discharged.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Digitally signed by Xuan Lu on 04-30-2020 11:55 AM EDT		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

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<p align="center">CHARGE OF DISCRIMINATION</p> <p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p><input type="checkbox"/> FEPA</p> <p><input checked="" type="checkbox"/> EEOC 471-2020-02716</p>
<p align="center">MICHIGAN DEPARTMENT OF CIVIL RIGHTS and EEOC</p> <p align="center"><i>State or local Agency, if any</i></p>	
<p>I believe I was denied reasonable accommodation due to my disability and subsequently suffered reduced bonuses and discharge in retaliation for complaining, in violation of the Americans with Disabilities Act of 1990, as amended, I further believe I was subjected to different terms and conditions of employment, reduced bonuses and discharge, in retaliation for complaining of discriminatory behavior due to my race/national origin, (Chinese) in violation of Title VII of the Civil Rights Act of 1964, as amended.</p>	

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY - <i>When necessary for State and Local Agency Requirements</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p> <p align="center">Digitally signed by Xuan Lu on 04-30-2020 11:55 AM EDT</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>